

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR <u>MS</u> FIRST <u>Melissa</u> MI <u>L.</u></p> <p>NICKNAME LAST SUFFIX</p> <p><u>Derrick</u></p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p><b>City Clerk</b></p> <p><b>JAN 14 2016</b></p> <p><b>City of San Marcos</b></p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>109 Kathryn Cove</u></p> <p><u>San Marcos, TX 78666</u></p> <p><input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(512) 618 1520</u></p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR <u>MS</u> FIRST <u>Blanca</u> MI <u>T.</u></p> <p>NICKNAME LAST SUFFIX</p> <p><u>2014</u></p>		
	<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><u>605 Conway Dr</u></p> <p><u>San Marcos, TX 78666</u></p> <p>(Residence or Business)</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><u>(512) 644 7429</u></p>		
<p>9 REPORT TYPE</p>	<p> <input checked="" type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final Report (Attach C/OH - FR)         </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year    Month Day Year</p> <p><u>10 / 25 2015</u> THROUGH <u>12 31, 2015</u></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE    ELECTION TYPE</p> <p>Month Day Year    <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description</p> <p><u>  /  /  </u>    <input type="checkbox"/> General    <input type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)</p> <p><u>City Council</u></p> <p><u>Place 6</u></p>		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME Mrs. Melissa L. Derrick 15 Filer ID (Ethics Commission Filers)

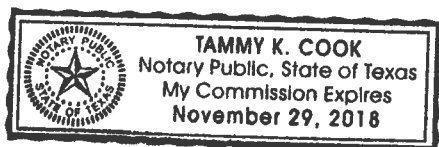
16 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,501.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,926.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>937.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

## 18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 14th day of Jan., 2016, to certify which, witness my hand and seal of office.

Tammy K. Cook Tammy K. Cook Dep. City Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Mrs. Melissa C. Derrick</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2,501.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5,724.24</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>200.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME  
Mrs. Melissa L. Derrick

3 Filer ID (Ethics Commission Filers)

4 Date  
10/26/2015

5 Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Alicia Gomez

6 Contributor address; City; State; Zip Code  
1912 Piedmont Ave.  
Austin, TX 78757

7 Amount of contribution (\$)  
\$500

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
10/30/2015

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Mary Canble

Contributor address; City; State; Zip Code  
605 Rogers St  
San Marcos, TX 78666

Amount of contribution (\$)  
\$200

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/6/2015

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kathryn Dillon

Contributor address; City; State; Zip Code  
1000 Buncheon St  
San Marcos, TX 78666

Amount of contribution (\$)  
\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
11/11/2015

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Kirk Mitchell

Contributor address; City; State; Zip Code  
304 E. 32nd St, Austin, TX 78765

Amount of contribution (\$)  
\$2,000

Principal occupation / Job title (See Instructions)  
President

Employer (See Instructions)  
Market Partners, Inc.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

Mrs. Melissa L. Derrick

3 Filer ID (Ethics Commission Filers)

4 Date

11/11/2015

5 Full name of contributor

☐ out-of-state PAC (ID#:

Michelle Lombardo

7 Amount of contribution (\$)

\$101.00

6 Contributor address;

City; State; Zip Code

219 Saltillo St.

San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/11/2015

Full name of contributor

☐ out-of-state PAC (ID#:

Patrick Kirwin

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

408 Valley St,

San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>		2 FILER NAME <b>Mrs. Melissa C. Derrick</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/16/2015</b>		5 Payee name <b>San Marcos Daily Record</b>			
6 Amount (\$) <b>\$220.00</b>		7 Payee address; City: State: Zip Code <b>1910 S IH 35 San Marcos, TX 78666</b>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Newspaper Ad</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/29/2015</b>		Payee name <b>Paragon Printing</b>			
Amount (\$) <b>\$1,206.24</b>		Payee address; City: State: Zip Code <b>10423 McKalla Place Austin, TX 78758</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <b>Mailers</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>12/3/2015</b>		Payee name <b>Mrs. Melissa C. Derrick</b>			
Amount (\$) <b>\$4,300.00</b>		Payee address; City: State: Zip Code <b>104 Kathryn Ct San Marcos, TX 78666</b>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <b>Loan Repayment/ Reimbursement</b>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="text-align: center; font-size: 2em;">1</div>	<b>2</b> FILER NAME <div style="font-family: cursive; font-size: 1.2em;">Mrs. Melissa L Derrick</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="font-family: cursive; font-size: 1.2em;">10/27/2016</div>	<b>5</b> Payee name <div style="font-family: cursive; font-size: 1.2em;">Lasey Norman</div>	
<b>6</b> Amount (\$) <div style="font-family: cursive; font-size: 1.5em;">\$20000</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended         </div>	<b>7</b> Payee address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">1519 Old RR 12, #104 San Marcos, TX 78666</div>	
<b>8</b> <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="font-family: cursive; font-size: 1.2em;">Consulting Expense</div> </div> <div style="width: 50%;"> <b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
	Office held	

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Category (See Categories listed at the top of this schedule)         </div> <div style="width: 50%;"> <b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name
	Office sought
	Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Category (See Categories listed at the top of this schedule)         </div> <div style="width: 50%;"> <b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  <input type="checkbox"/> Check if Austin, TX, officeholder living expense           </div> </div>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name
	Office sought
	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED